



1510-B Third Street  
Tillamook, Oregon 97141  
Phone: (503) 842-3408  
STVR# \_\_\_\_\_

Applicant: \_\_\_\_\_  
Mailing  
Address: \_\_\_\_\_

Owner of Record: \_\_\_\_\_  
Mailing  
Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Rental Location**

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Map & Tax lot Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name

Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

**RENTAL INFORMATION**

Year Built:	# of Stories:		Designated Parking spaces:		Basement: Yes [ ] No [ ]
	# of Bedrooms:		# of cooking facilities		Public Sewer: Yes [ ] No [ ]

\_\_\_\_\_  
AS DEFINED IN TILLAMOOK COUNTY ORDINANCE #84. THIS IS A LAWFULLY ESTABLISHED DWELLING UNIT.

\_\_\_\_\_  
I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED HEREIN ALONG WITH EVIDENCE SUBMITTED, ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE MET AND WILL CONTINUE TO COMPLY WITH THE REQUIREMENTS SET FORTH IN TILLAMOOK COUNTY ORDINANCE #84

\_\_\_\_\_  
I HAVE NOTICED MY NEIGHBORS IN ACCORDANCE WITH ORDINANCE #84

\_\_\_\_\_  
Applicant/Local Contact Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner of Record Signature

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Director, Community Development

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY

Date \_\_\_\_\_ Fees Pd \_\_\_\_\_ Check/CC \_\_\_\_\_ Rec'd By \_\_\_\_\_

License # \_\_\_\_\_ TLT # \_\_\_\_\_

Inspection Date \_\_\_\_\_ By \_\_\_\_\_ Maximum Occupancy \_\_\_\_\_